FOR INSTRUCTIONS, SEE BACK OF FORM		FORM	STATEMENT	
CHECK ONE:		DR-1	OF	
This is an initial* Statement of Organization		(Rev. 10/2009)	ORGANIZATION	
is is an amended* Statement of Organization	Reset Form	For Office Use		
incurring debts exceeding \$750. Amendments must be filled within 30 dours of a share statement, or Comm. # (00				
Lifective January 1, 2010, all statements and reports filed by now committees for state of				
orderer literary and effective January 1, 2012, all statements and reports filed by all committees for state office.				
Effective May 1, 2010, all statements and reports for State PACs and State		Computer		
COMMITTEE NAME   (A candidate's committee must include the	condidate's last account in	•		
COMMITTEE NAME				
Appel for Serate.				
IMPORTANT: Indicate type of committee you are reporting for:	IMPORTANT: Indicate type of committee you are reporting for:			
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)Statewide PAC (3)State Party (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Patricial 2 of the Party (4)County Central Committee				
(5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Ballot Issue (including committee involved in multiple city/county ballot issues)				
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (man	datory except for a c	andidate s committée)	
Name + +	Name ↓ ↓		<b>№</b> 55	
Mailing Address ↓ ↓	Mailing Address ↓ ↓		70	
<u> </u>	Mailing Address + +		Ò	
City, State ↓ ↓ Zip Code ↓ ↓	City, State ↓ ↓ Zip Code ↓ ↓			
Phone ( )	Phone ( )			
Phone ( )	Phone ( )		···	
e-Mail	e-Mail			
INDICATE PURPOSE OF COMMITTEE - Check One Box Adve	cate for/against candidate(s)	dvocate for ballot iss	ue(s)	
Comment or description: All Candidates Enter:	A	Ndvocate against hallo	rt ieeuo/e\	
Office Sought:	County/Local Candidates	and Ballot Issue Cor	nmittees Enter:	
	County:			
Political Party (if applicable) (If active in multiple ballot issue elections, attach list of counties				
District:	Date of Election:			
Year Standing for Election: 2010	Date of Election:			
Bank Account Name (must match committee name)	Candidate name & Address or I	Parent Entity (PACs.	if applicable).	
		Affiliate, or Sponsor		
Name of Financial Institution/type of Account ↓ ↓	Mailing Address ↓ ↓			
Mailing Address ↓ ↓	City ↓ ↓	State ↓ ↓	Zip ↓ ↓	
	-		-ip	
City ↓ ↓ State ↓ ↓ Zip ↓ ↓				
Side V Zip V	Phone ( )			
	o Mail			
	e-Mail	· · · · · · · · · · · · · · · · · · ·		
STATEMENT OF AFFIRMATION: By filing this document the committee affirms the following:				
-yg time declaration die committee ann	ne the following:			
The committee and all persons connected with the committee understand that rules in Chapter 351 of the Iowa Administrative Code.		de chapters 68A and 6	8B and the administrative	
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